U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 4388 | 2. Fiscal Year Covered From: | | |
|---|--|--|--|
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | |
| Name Robert E Koerschner | Name IBEW Local 219 AFL-CIO | | |
| | Labor Organization File Number 008-308 | | |
| P.O. Box, Bldg., Room No., if any N/A | P.O. Box, Building and Room Number, if any N/A | | |
| Street 845 East F Street | Street 205 East Flesheim Street | | |
| City Iron Mountain | City Iron Mountain | | |
| State Michigan ZIP Code + 4 49801 | State Michigan ZIP Coo | e+4 49801-2951 | |
| 5. Position in labor organization. Business Manager | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name N/A | 7.a. Nature of Interest, Transaction, or Income. | | |
| Name N/A Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. | | |
| Street | | | |
| City | | accommon programmed and accommon programmed accommon programmed and accommon programmed accommon programme | |
| State ZIP Code + 4 | | | |
| Sig | nature | | |
| 15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the second complete) | living documents), has been examined by the signatory and is | | |
| Signed Horten C. Crewhom | On 07/29/2005 906-779-1505 | | |
| 4-0 V V-1 V V V V V V V V V V V V V V V V V | Date Telephone | Number | |

| Name of Person Filing Robert Koerschner | | File Number U- | |
|---|---|---------------------|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
| 8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organizati b. Trust c. Employer | ion | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealin | ıg. | *************************************** |
| Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any | | | |
| Street | 11.b. Approximate dollar value | e of such dealing. | Policy (Control of Control of Con |
| City | 12.a. Nature of interest held | or income received. | |
| State ZIP Code + 4 | | | |
| | 12.b. Amount. | | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | | |
| (including trade name, if any). | Reimbursement of m 6/14/04 trustee me | | modations for |
| Name Michigan Electrical Employees' Health Plan | PREMIUMATIVA | | oversity of the state of the st |
| Trade Name, if any: N/A | NOTE PROPERTY OF | | . International control of the contr |
| P.O. Box, Bldg., Room No., if any Suite 401 | Theology | | porrecedence |
| Street 6011 West St. Joseph | eragnacraeracia | | e delificition entition |
| City Lansing | PROPERTY PRINCIPAL | | организация денеговаря |
| State Michigan ZIP Code + 4 48917 | | | |
| 13.b. Is the Business an Employer X or Consultant ? | 14.b. Amount of payment. | | \$365 |

| Name of Person Filing Robert Koerschner | File Number U- | |
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| B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization. | wise dealing with the business vely seeking to represent, or lirectly to, or otherwise | |
| 8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name N/A | | |
| Trade Name, if any: | | 1 |
| P.O. Box, Bldg., Room No., if any | | |
| | | |
| Street | 11.b. Approximate dollar value of such dealing. | |
| City | 12.a. Nature of interest held or income received. | $= \frac{1}{2} \left(\frac{1}{2}$ |
| State ZIP Code + 4 | 12.b. Amount. | |
| | 12.b. Ariount. | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | |
| (including trade name, if any). | 2/24/04 reimbursement of mileage trustee meeting. | and expenses for |
| Name Michigan Upper Peninsula IBEW Pension Plan | | randomina de la companio del companio de la companio del companio de la companio del la companio de la companio |
| Trade Name, if any: N/A | | a rest of the second second |
| P.O. Box, Bldg., Room No., if any N/A | | Track of the second of the sec |
| Street 119 South Front Street | | Activities |
| City Marquette | | and the second s |
| State Michigan ZIP Code + 4 49855 | | Assessed |
| gradening. | 14.b. Amount of payment. | |
| 13.b. Is the Business an Employer or Consultant? | | \$258 |

| Name of Person Filing Robert Koerschner | | File Number U- |
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| B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization. | rwise dealing with the business tively seeking to represent, or udirectly to or otherwise | 5 |
| 8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organiza b. Trust c. Employer | tion |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any | 11.a. Nature of such dealing | ng. |
| Street City State ZIP Code + 4 | 11.b. Approximate dollar value 12.a. Nature of interest held | Application of the second contraction of the |
| | 12.b. Amount. | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Michigan Upper Peninsula IBEW Pension Plan Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any N/A Street 119 South Front Street City Marquette State Michigan ZIP Code + 4 49855 | 14.a. Nature of payment. 4/13/04 reimbursem trustee meeting. | ent of mileage and expenses for |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | \$257 |

| Name of Person Filing Robert Koerschner | File Number U- | | |
|---|---|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
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| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | |
| Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any | | | |
| Street | 11.b. Approximate dollar value of such dealing. | | |
| City | 12.a. Nature of interest held or income received. | | |
| State ZIP Code + 4 | | | |
| | 12.b. Amount. | | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | | |
| (including trade name, if any). Name Michigan Upper Peninsula IBEW Pension Plan | 5/25/04 reimbursement of mileage and expenses for trustee meeting. | | |
| Trade Name, if any: N/A | | | |
| P.O. Box, Bldg., Room No., if any N/A | | | |
| Street 119 South Front Street | | | |
| City Marquette | | | |
| State Michigan ZIP Code + 4 49855 | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. \$263 | | |

| Name of Person Filing Robert Koerschner | | File Number U- |
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| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization. | nerwise dealing with the busines actively seeking to represent, or indirectly to, or otherwise | ss |
| 8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organiza b. Trust c. Employer | ation |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any | 11.a. Nature of such deal | ing. |
| Street City State ZIP Code + 4 | 11.b. Approximate dollar valu 12.a. Nature of interest hel | |
| C. Received from any employer (other than an employer covered un | 12.b. Amount. | |
| or from any labor relations consultant to an employer any payment of mone of the second secon | 14.a. Nature of payment. | ment of mileage and expenses for |
| 13.b. Is the Business an Employer X or Consultant ? | 14.b. Amount of payment. | \$259 |

| Name of Person Filing Robert Koerschner | File Number U- | | |
|---|--|---|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
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| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | |
| Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | | |
| | 12.b. Amount. | | |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | et reconstituti en reconstituti en solici e di acconstituti di acconstituti e di acconstituti e di acconstituti | |
| (including trade name, if any). Name Michigan Upper Peninsula IBEW Pension Plan Trade Name, if any: N/A | 11/30/04 reimbursement of mileactrustee meeting. | ge and expenses for | |
| P.O. Box, Bldg., Room No., if any N/A | TO OPERATE THE PROPERTY OF THE | order strangen. | |
| Street 119 South Front Street | PROTECTION AND ADMINISTRATION AN | Preveditionillin | |
| City Marquette | A provingenza construction | MORELLANDEZ | |
| State Michigan ZIP Code + 4 49855 | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | \$257 | |